

## **SECTION FOUR**

### **BID**

#### **4.01 TRANSMITTAL LETTER**

Gregory Yukumoto, Business Manager  
Department of Business, Economic Development, and Tourism  
Foreign-Trade Zone No. 9 Business Office, Suite 101  
521 Ala Moana Boulevard, Pier 2  
Honolulu, HI 96813

The undersigned has carefully read and understands the terms, conditions, and requirements specified in the Specifications, Special Provisions and General Provisions attached hereto and incorporated herein by reference, and hereby submits the following bid to perform the work specified herein, all in accordance with the true intent and meaning thereof:

The undersigned further understands and agrees to the following:

- That by submitting this Bid, the undersigned is declaring that this Bid is not in violation of Chapter 84, HRS, concerning prohibited State contracts;
- That by submitting this Bid, the undersigned is declaring that this Bid is being made without collusion with any other person, firm, or corporation;
- Award, if any, will be made to the responsive and responsible Offeror submitting the lowest total bid price;
- That liquidated damages for delays in completing the Contract beyond the specified time of completion shall be based on the amount specified in the Special Provisions section for each and every calendar day of delay;
- That by submitting this Bid, the undersigned is declaring that if awarded a contract, the undersigned will comply with all wages, hours and working conditions in accordance with Section 103-55, HRS;
- That the Director of the Department of Business, Economic Development, and Tourism reserves the right to reject any or all bids and waive any defects when, in his opinion, such rejection or waiver is made in the best interest of the STATE; and,
- That if awarded a contract, the undersigned hereby commits to a minimum of two (2) consultation sessions with the STATE.

The undersigned acknowledges receipt of any addendum issued by the Department of Business, Economic Development, and Tourism by recording in the space below the date of receipt:

Addendum No. 1 10/16/13 Addendum No. 2 10/18/13

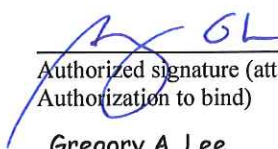
Addendum No. 3 \_\_\_\_\_ Addendum No. 4 \_\_\_\_\_

The undersigned hereby certifies that the Bid hereby attached has been carefully checked and is submitted as correct.

Respectfully submitted,

Island Wide A/C Service, LLC

Exact Legal Name of Offeror (company name)

  
Authorized signature (attach corporate resolution or evidence of  
Authorization to bind)

Gregory A. Lee

Print Name

Service Manager

Title

10/22/13

Date

1029 Ulupono Street

Street Address

Honolulu, HI 96819-4334

City, State, Zip Code

(808) 847-6300

Telephone No.

n/a

Mailing Address (if different from street address)

islandwideac@hawaii.rr.com

Email Address

#### 4.02 OFFEROR INFORMATION

State of Hawaii General Excise Tax (GET) License Number: W20137484-01

Federal Taxpayer Identification Number: 68-0545180

Type of Organization: ☒ Limited Liability Company

☐ Individual      ☐ Partnership      ☐ Corporation      ☐ Joint Venture

If the offeror is a "dba" or a division of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, shall be executed:

State of Incorporation: ☒ Hawaii      ☐ Other: Hawaii  
(Indicate where)

License No. BC-24343

Insurance Coverage:

	<u>Carrier</u>	<u>Policy No.</u>	<u>Agent</u>
1. Commercial General Liability (\$1,000,000 per occurrence bodily injury and property damage)	Tradewind Insurance Co., Ltd.	TPJ610194211	Atlas Insurance Agency, Inc.
2. Workers' Compensation	MSIG	MSIG13-007	King & Neel
3. Temporary Disability	Pacific Guardian Life	10001	Same as Carrier
4. Unemployment Insurance: State of Hawaii Labor No.		0000615366	
5. Prepaid Health Carrier	UHA		

#### 4.03 REFERENCES

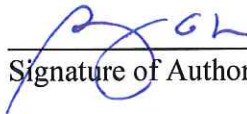
Listed below are names and addresses of three (3) companies or government agencies for which the undersigned has provided or is currently providing air conditioning maintenance services. It is expressly understood that the STATE reserves the right to seek additional references and that unfavorable references may be grounds for the rejection of any kind.

	<u>Company</u>	<u>Contact Person</u>	<u>Telephone No.</u>
1.	<u>State of Hawaii, Dept. of Defense</u>	<u>Edardo Mendoza</u>	<u>(808) 230-7413</u>
2.	<u>Colliers International</u>	<u>Shelley Morisaki</u>	<u>(808) 282-7790</u>
3.	<u>University of Hawaii</u>	<u>Blake Araki</u>	<u>(808) 292-5969</u>

#### Bidding Company

Island of Oahu office address: 1029 Ulupono Street, Honolulu, HI 96819-4334

Island of Oahu office representative: Gregory A. Lee (808) 847-6300  
Name Phone

  
\_\_\_\_\_  
Signature of Authorized Representative of Offeror

#### 4.04 PREFERENCES

The following preferences apply to this SOLICITATION. A detailed discussion of each preference is included in the section entitled, "Special Provisions." Indicate which preferences apply.

1. In-state Contractor preference: ☒ yes ☐ no

If yes, indicate State of Hawaii business street address: 1029 Ulupono Street,  
Honolulu, HI 96819-4334

If yes, attach current tax clearance certificate from the State of Hawaii, Department of Taxation (issued within 45 days of bid submittal). (Note: The Offeror may wish to also obtain tax clearance from the Internal Revenue Service at the same time in order to fulfill this requirement if awarded a contract.)

2. Tax Adjustment:

Are you an out-of-state business? ☐ yes ☒ no

Is your organization tax exempt? ☐ yes ☒ no

3. Reciprocal Preferences:

List your principal place of business:

1029 Ulupono Street, Honolulu, HI 96819-4334

Street address, City, State, Zip Code

Are you registered with the State of Hawaii, Department of Commerce and Consumer Affairs, to do business in the State of Hawaii? ☒ yes ☐ no

#### 4.05 CORPORATE RESOLUTION

Submit the company's Corporate Resolution or written authorization of Offeror's representative to sign this bid.

## **SECTION FIVE**

### **ATTACHMENTS**

ATTACHMENT 1: OFFER FORM, OF-1

ATTACHMENT 2: OFFER FORM, OF-2

ATTACHMENT 3: GENERAL CONDITIONS (AG-08, dated 4/15/2009)

ATTACHMENT 4: REQUEST FOR SUBSTITUTION (if applicable)

Attachment 1  
OFFER FORM-OF-1

Department of Business, Economic Development, and Tourism  
Foreign-Trade Zone No. 9  
Business Office  
521 Ala Moana Boulevard, Suite 101  
Honolulu, Hawaii 96813

Dear Mr. Gregory Yukumoto:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, Form 4/15/09, by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents that it is: (Check ✓ one only)

- ☒ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**  
☐ A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, is or shall be registered at the State of Hawaii, Department of Commerce and Consumer Affairs Business Registration Division (DCCA-BREG) to do business in the State of Hawaii.

State of incorporation: Hawaii

Offeror is:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Joint Venture ☒ Other LLC

Federal I.D. No.: 68-0545180

Hawaii General Excise Tax License I.D. No.: W20137484-01

Payment address (other than street address below): n/a

City, State, Zip Code: \_\_\_\_\_

Business address (street address): 1029 Ulupono Street

City, State, Zip Code: Honolulu, HI 96819-4334

Respectfully submitted:

(x) GL Date: 10/22/13  
\_\_\_\_\_  
Authorized (Original) Signature  
Gregory A. Lee, Service Manager Telephone No.: (808) 847-6300  
\_\_\_\_\_  
Name and Title (Please Type or Print)  
\* Island Wide A/C Service, LLC Fax No.: (808) 847-0171  
\_\_\_\_\_  
Exact Legal Name of Company (Offeror)

\*If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:

E-mail Address: islandwideac@hawaii.rr.com

OFFER FORM

OF-1

Revised 9/6/2013

**ATTACHMENT 2**  
**OFFER FORM-OF-2**  
Revised 10/18/2013

The following bid is hereby submitted to provide Air Conditioning Maintenance Services for the Foreign-Trade Zone No. 9, Honolulu, Hawaii, as specified herein:

**BID:**

**Offerors shall provide a separate bid amount for each item listed below. Award, if any, shall be made to the responsive and responsible offeror submitting the lowest total bid price for the base bid, Items 1-10.**

<u>Item*</u>	<u>Description</u>	<u>Unit Bid Price</u>	<u>Multiplier</u>	<u>Total Bid Price (Tax Included)</u>
1.a.	All work related to Fan Coil Units**	\$ <u>1,164.00</u> /month	x12	\$ <u>13,968.00</u>
1.b.	All work related to Fan Coil Units**	\$ <u>1,727.00</u> /semi-annual	x2	\$ <u>3,454.00</u>
2.a.	All work related to three Air-cooled Chillers**	\$ <u>145.00</u> /month	x12	\$ <u>1,740.00</u>
2.b.	All work related to three Air-cooled Chillers**	\$ <u>138.00</u> /quarterly	x4	\$ <u>552.00</u>
2.c.	All work related to three Air-cooled Chillers**	\$ <u>2,643.00</u> /semi-annual	x2	\$ <u>5,286.00</u>
3.a.	All work related to Ventilating Fans (Exhaust)**	\$ <u>29.00</u> /quarterly	x4	\$ <u>116.00</u>
3.b.	All work related to Ventilating Fans (Exhaust)**	\$ <u>44.00</u> /semi-annual	x2	\$ <u>88.00</u>
4.	All work related to Temperature Controls**	\$ <u>352.00</u> /quarterly	x4	\$ <u>1,408.00</u>
5.	All work related to Time Clocks**	\$ <u>7.00</u> /month	x12	\$ <u>84.00</u>
6.	All work related to Chemical Feed System**	\$ <u>194.00</u> /month	x12	\$ <u>2,328.00</u>



7.a.	All work related to Pumps**	\$ <u>24.00</u> /quarterly	x4	\$ <u>96.00</u>
7.b.	All work related to Pumps**	\$ <u>289.00</u> /semi-annual	x2	\$ <u>578.00</u>
8.	All work related to Valves, Equipment and Supports**	\$ <u>352.00</u> /annual	x1	\$ <u>352.00</u>
9.	All work related to two fresh air handler units**	\$ <u>66.00</u> /semi-annual	x2	\$ <u>132.00</u>
10.	All work related to the Mitsubishi split A/C system**	\$ <u>11.00</u> /quarterly	x4	\$ <u>44.00</u>
11.	All work related to the Sears Kenmore A/C unit**	\$ <u>11.00</u> /quarterly	x4	\$ <u>44.00</u>

**TOTAL SUM BID:** \$ 30,270.00  
(Sum of 1 – 11 above)

**BID:**

**Offerors shall provide a separate bid amount for Emergency Repair Work. Any such work required shall be billed by the CONTRACTOR to the STATE and upon approval by the STATE shall be paid by purchase order.**

**Description**

**Hourly Rate (Tax Included)**

Emergency Repair Work \$ 125.50

\* The Items numbers correspond to the paragraph numbers and the work described under the "Specifications" section, "Scope of Services," of this solicitation.

\*\* The purchase of equipment would only include maintenance replacement items as described in the "Specifications," herein. Any equipment replacement that is not described in the "Specifications," herein shall be purchased by the STATE under a separate procurement process.

\*\*\* Contractor shall be paid only for hours of actual work satisfactorily performed as determined by the STATE. Said hours shall not exceed the number of hours described for each task above.

Offeror Gregory A. Lee, Service Manager  
Company Officer & Title (printed)

 10/22/13  
Signature & Date

**STATE OF HAWAII**  
**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**  
**FOREIGN-TRADE ZONE**

**AIR CONDITIONING MAINTENANCE SERVICES**

**SOLICITATION No. IFB-FTZ-14-001**

***ATTACHMENT 3 – GENERAL TERMS AND CONDITIONS 4/15/2009***

# IF APPLICABLE

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
FOREIGN-TRADE ZONE**

**AIR CONDITIONING MAINTENANCE SERVICES**

**SOLICITATION No. IFB-FTZ-14-001**

***ATTACHMENT 4 – Request for Substitution***

(SAMPLE)

**REQUEST FOR SUBSTITUTION**

Date:

Department of Business, Economic Development, and Tourism  
Foreign-Trade Zone No.9  
Business Office  
521 Ala Moana Blvd. Suite 101  
Honolulu, HI 96813

Subject: REQUEST FOR SUBSTITUTION OF ALTERNATE PRODUCT

In accordance with the requirements of section "Stock Specified" of the Special Provisions, we hereby submit for substitution three (3) sets of samples (technical reports) for your review and approval for the products specified below:

<b>Specified Product</b>	<b>Substitute or Alternate Product</b>	<b>Variant Features</b>
--------------------------	--	-------------------------

I further certify that my request for substitution of the above item(s) has no other variant features.

---

Signature

Note: 1) Please use own letterhead.  
2) Submit one (1) original and (2) copies.  
3) If no variant features, indicate "None."  
4) Facsimiles will not be accepted.



1029 Ulupono Street, Honolulu, Hawaii 96819-4334

Phone: (808) 847-6300 Fax: (808) 847-0171 License # BC-24343

---

I, Economy Plumbing & Sheetmetal, Inc., a Hawaii Corporation, Managing Member, of Island Wide A/C Service, LLC, a Limited Liability Company, do hereby certify that the following is a full, true and correct copy of a resolution duly adopted by the Members of said LLC, at its meeting duly called and held at the office of the LLC, 1029 Ulupono Street, Honolulu, Hawaii 96819, on the 1st day of November, 2012, at which a quorum was present and acting throughout, and that said resolution has not been modified, amended or rescinded and continues in full force and effect:

"RESOLVED that any individual at the time holding the position of Managing Member, General Manager or Manager be, and each of them hereby is, authorized to execute on behalf of the LLC any bid, proposal or contract for the sale or rental of the products of the LLC or for services to be performed by the LLC, and to execute any bond required by any such bid, proposal or contract with the United States Government or the State of Hawaii or the City and County of Honolulu, or any County or Municipal Government of said State, or any department or subdivision of any of them."

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said LLC this  
22nd day of October, 2013.

A handwritten signature in black ink, appearing to read "Kent A. Matsuzaki".

Economy Plumbing & Sheetmetal, Inc.,  
Managing Member  
Kent A. Matsuzaki, President

Managing Member:

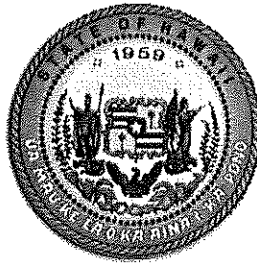
Economy Plumbing & Sheet Metal, Inc.  
Kent A. Matsuzaki, President  
1029 Ulupono Street  
Honolulu, Hawaii 96819

General Manager:

Kent A. Matsuzaki  
5374 Kilauea Avenue  
Honolulu, Hawaii 96816

Manager:

Gregory A. Lee  
38 Kalie Street  
Wahiawa, Hawaii 96786



STATE OF HAWAII  
STATE PROCUREMENT OFFICE

**CERTIFICATE OF VENDOR COMPLIANCE**

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

**Vendor Name:** Island Wide A/C Service, LLC

**DBA/Trade Name:** Island Wide A/C Service, LLC

**Issue Date:** 10/21/2013

**Status:** Compliant

Hawaii Tax#: W20137484-01  
FEIN/SSN#: XX-XXX5180  
UI#: XXXXXX9810  
DCCA FILE#: 23618

**Status of Compliance for this Vendor on issue date:**

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Compliant
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

**Status Legend:**

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information